JIM RINALDO

353943

COMPLETE IF KNOWN

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DECLARATION FOR UTILITY OR

DESIGN

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PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN							
		Application Number							
De alemation	Declaration Submitted after Initial Filing (surcharge	Filing Date							
Declaration Submitted OR		Art Unit							
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name							
As the below named inventor, I hereby declare that:									
My residence, mailing address, and citizenship are as stated below next to my name.									
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
COMBINED PORTABLE STOOL AND TOILET									
SOME TO THE PROPERTY OF THE PR									
(Title of the Invention)									
the specification of which									
is attached hereto									
				٠					
OR CAMPBOOOS		as United States A	onlication Number	or PCT International					
was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
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Application Number	and was amende	d on (MM/DD/YYYY)		(if applicable).					
I hereby state that I have reviewed and any amendment specifically referred to	d understand the contents of above.	the above identified specif	fication, including th	ne claims, as amended by					
Lackneyladge the duty to disclose info	ormation which is material to	patentability as defined in	37 CFR 1.56, inclu	ding for continuation-in-part					
applications, material information which international filing date of the continual	h became available betweer	the filing date of the prior	application and the	national or PCT					
I hareby claim foreign priority benefits	under 35 U.S.C. 119(a)-(d)	or (f), or 365(b) of any fore	ign application(s) f	or patent, inventor's or plant					
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claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									

DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								
JIM Given Name (first and middle [if any])			RINALDO Family Name or Surname					
Inventor's Signature Carrica & Rina			6/28/o3					
RUMFORD	MAINE		USA	USA				
Residence: City 160 ROUTE 108	State	1	Country	Citizenship				
Mailing Address								
RUMFORD	MAINE		04276	USA				
City	State			Country				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])			Family Name or Surname					
Inventor's Signature				Date				
Residence: City	State		Country	Citizenship				
Mailing Address								
Olf.	Chart		710	Country				
City State ZIP Country Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

PTO/SB/81 (05-03)

Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** Filing Date First Named Inventor **POWER OF ATTORNEY OR** Jim_Rinaldo Combined Portable Stool and Toile **AUTHORIZATION OF AGENT** Art Unit **Examiner Name Attorney Docket Number** 353943 I hereby appoint: 34356 **Practitioners at Customer Number** PATENT TRADEMARK OFFICE Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Place Customer Practitioners at Customer Number. Number Bar Code Label here OR Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: l xl Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jim Rinaldo Signature Date Telephone 207-364-2983 <u>6/23/03</u> NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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